

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time _____ # Part-Time _____ Month Reviewed _____

ATTENDANCE: # Participants at time of visit _____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Emergencies [10A NCAC 06R .0504 and 06S .0405] – <u>Standards</u> , Page 26
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Yes No

- () () A written plan for emergencies is established and displayed prominently in the facility.
- () () The plan relates to medical and non-medical emergencies.
- () () The plan specifies responsibilities of each staff member.
- () () All staff members are knowledgeable about the plan.
- () () Regular drills in handling different kinds of emergencies are conducted and documented as to date and kind of emergency. Documentation is kept with program records.
- () () An evacuation plan is posted in each room.
- () () Regular fire drills are conducted at least monthly (quarterly for programs with sprinkler systems), with a record kept of dates and time required to evacuate the facility. Documentation is kept with program records.
- () () All staff physically able has current first aid and CPR training.
- () () The program has arranged for medical assistance to be available in the event of an emergency.
- () () Sickness and all accidents reported to program director who takes required action. Program should be responsible for constructing forms to make reports.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (_____ # of forms)

IX. Signatures:

Coordinator and/or Specialist_____
Date_____
Program Director_____
Date

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.